## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	
	C C00571372
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Richard Quinn & Associates	M   M / D D / Y Y Y Y
Mailing Address PO Box 12526	02 13 2016 Amount
City State Zip Code	6500.00
Columbia SC 29211	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Message Phone Calls  Category/ Type 004	02 16 2016
Name of Federal Candidate Support Office	e Sought: House District:
loh Ruch	President Senate State: SC
	ursement For: X Primary General
Per Election for Office Sought 8629019.00 2016	
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate	2 11 511
Support	e Sought: House District:
Oppose	President Senate State:
Caloridat Tour To Bate	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	6500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	)2
Signature	